

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Joseph W. Harris
 Serial No.: 10/628,651
 Filed: July 28, 2003
 For: PHOSPHORUS-COPPER BASE BRAZING ALLOY
 Examiner: Sikyin Ip
 Group No.: 1742
 Attorney Docket: JWH-59US
 Confirmation No.: 4424

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Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

OFFICIAL

AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment for this application.
- ☒ Small Entity status is claimed.
☐ Other Than a Small Entity.
- The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		LARGE ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL *	34	MINUS **	21	13	x 9	\$ 117.00	x 18	
INDEP. *	3	MINUS ***	3	0	x 43	\$ 0.00	x 86	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+145		+280	
					TOTAL FEE	\$ 117.00	TOTAL FEE	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ No additional fee for claims is required.

4. ☐ Attached is a check in the sum of \$_____.

☒ Please charge Deposit Account No. 23-3000 in the amount of \$117.00.

5. The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136 apply.

Complete (a) or (b) as applicable.

(a) _____ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
_____ one month	\$ 110.00	\$ 55.00
_____ two months	\$ 420.00	\$ 210.00
_____ three months	\$ 950.00	\$ 475.00
_____ four months	\$ 1,480.00	\$ 740.00
_____ five months	\$ 2,010.00	\$ 1,005.00

_____ Attached is a check in the amount of \$ _____ for the _____ month extension fee as required by 37 C.F.R. § 1.17(c).

_____ Please charge Deposit Account No. 23-3000 in the amount of \$ _____.

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

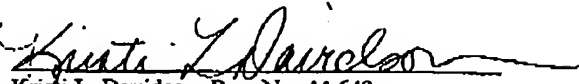
_____ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$ _____.

OR

(b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition for extension of time.


X If any additional fee for claims or extension of time is required, charge Acct. No. 23-3000.

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Kristi L. Davidson, Reg. No. 44,643

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence for Application No. 10/628,651 is being facsimile transmitted to Technology Center 1700, via Central Fax Number (703) 872-9306, on July 26, 2004.


Kristi L. Davidson, Reg. No. 44,643
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7/26/04
Date